

P.O. BOX 38  
554 N 1800 EAST RD  
GOODWINE, IL 60939  
  
PHONE: (815) 457-2880  
www.goodwinecoop.com



GOODWINE  
ALONZO  
FOUNTAIN CREEK  
BRYCE  
  
MICHAEL KAEB

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**Direct Deposit (ACH) Authorization Agreement**

I (we) hereby authorize Goodwine Cooperative to initiate credit entries and to, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking Account indicated below and the depository named below to credit and/or debit the same to such account.

***Direct Deposit Account***

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

This authorization is to remain in full force and effect until Goodwine Cooperative has received written notification from me (us) of its termination in such time and manner as to afford Goodwine Cooperative and participating bank a reasonable opportunity to act on it.

Account Name(s): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**(A VOIDED CHECK MUST BE ATTACHED FOR THE ACCOUNT LISTED)**